



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PO BOX 811, JEFFERSON CITY, MO 65105-0811

COMMON CARRIER MONTHLY REPORT CIGARETTE TAX

FORM
267
(REV. 11-2003)

MONTH OF _____, 20____

NAME	FEDERAL IDENTIFICATION NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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CONSIGNOR INVOICE NUMBER	CONSIGNOR	POINT OF ORIGIN	CONSIGNEE	POINT OF DELIVERY	DELIVERY DATE	PACKAGES OF CIGARETTES		
						DELIV.	REFUSED	RETURNED

If you have questions or need assistance in completing this form, please call (573) 751-7163 or email excise@mail.dor.mo.gov.
You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/excise/tobacco/forms/. TDD (800) 735-2966

I, THE UNDERSIGNED LEGAL REPRESENTATIVE OF THE ABOVE-NAMED COMMON CARRIER, STATE UPON MY OATH THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME	TITLE	DATE
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COMMON CARRIER MONTHLY REPORT CIGARETTE TAX (CONTINUED)

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